

4/11
HUNTINGDONSHIRE COUNTY COUNCIL

ANNUAL REPORT

of the

COUNTY MEDICAL OFFICER

upon the

HEALTH AND SANITARY

CONDITION

of the

COUNTY OF HUNTINGDON

For the Year 1952



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HUNTINGDONSHIRE COUNTY COUNCIL

Members of the Health Committee

Chairman:

COUNTY ALDERMAN W. BROWN

Vice-Chairman:

COUNTY COUNCILLOR LADY D. SHEPPERSON

County Aldermen:

M. J. Allen
C. G. Argles
A. Crane

F. L. Farley
F. W. Figg
G. P. Radford

County Councillors:

Mrs. M. K. Abrahams
W. P. Anderson
J. H. Bradshaw
B. S. Bye
C. H. Chandler
C. M. J. Coote
G. A. Earl
Mrs. S. Evans
Rev. E. I. Evans

G. E. Fuller
W. H. Gotobed
E. G. Holmes
T. E. R. Parsons
H. J. Poulter
F. C. Slaughter
Rev. M. H. Wells
H. Wicks
C. J. Wiles

Co-opted Members:

Mrs. D. R. Allan
Mrs. V. E. Compton
Dr. E. R. Dansie
Mrs. D. J. Ditchburn
Mrs. K. W. Jeffreys
Mrs. Magee

Mrs. D. L. Pledger
Dr. A. E. Staffurth
Mrs. V. J. Staffurth
H. Street
Miss E. Tillard

WHOLETIME STAFF**County Medical Officer of Health:**

D. S. Buchanan, M.B., B.S., B.Hy., D.P.H.

Assistant County Medical Officers:

Mary M. Markham, M.B., Ch.B., D.T.M., D.P.H.

Audrey B. Morrison, M.B., Ch.B., D.P.H.

Francis D. F. Steede, M.B., B.Ch., B.A.O., D.P.H.

Lillian E. Phillips. M.R.C.S., L.R.C.P. (Part-time)

Senior Dental Officer:

W. R. S. Robertson, L.D.S., R.C.S. (ENG.)

Inspector under Milk and Dairies Acts and Orders:

Captain W. K. Townson, M.R.C.V.S. (Part-time)

Chief Inspector under the Food and Drugs Act:

A. E. James

Chief Ambulance Officer:

A. Easton

Tuberculosis Care and After-Care Health Visitor:

Miss A. Garner

Orthopaedic Physiotherapist:

Mrs. B. W. Perkins

Domestic Help Organiser:

Mrs. B. A. Meadows

Welfare Officer for the Care of the Unmarried Mother:

Miss E. Walkley

Authorised Officer for Mental Health:

J. B. Ashwell

Deputy Authorised Officer for Mental Health:

H. H. Adams

Home Teacher and Visitor for Mental Defectives:

Miss O. K. Ivimey

Superintendent of Health Visitors and District Nurse/Midwives

Miss L. E. Roberts

Health Visitors:

Mrs. E. C. Archer	Miss O. Evans
Miss J. Bassford	Miss H. Hardin
Miss I. L. Bays	Miss M. B. Lovatt
Miss A. Boyd	Miss E. Pelbrough
Miss O. M. Holloway (Resigned 31st May, 1952)	
Miss M. S. Balfour (Commenced 18th August, 1952)	

Chief Clerk:

R. E. Killick

To the Chairman and Members
of The Huntingdonshire County Council.

Mr. Chairman, My Lords, Ladies and Gentlemen,

I have the honour to submit my Annual Report on the health of the County for the year ending the 31st December, 1952.

The report has been prepared on similar lines as in former years, but in addition to the normal review of the actual work carried out during the year it includes, at the request of the Ministry of Health, a special survey regarding the organisation, administration and development of the services provided under the National Health Service Act, 1946, and particulars of the nature and results of the steps taken locally to link them up with other parts of the national service.

As the services are dealt with in detail in the substance of the report it is unnecessary for me to make further comment here.

I would, however, like to take this opportunity of expressing my thanks to the Chairman and Members of the Health Committee for their assistance and support during the year, to acknowledge the valuable assistance given by the Voluntary Workers in the Infant Welfare Centres, and to place on record my appreciation of the excellent work carried out by the professional and lay members of the staff of the Health Department.

I have the honour to remain,

Your obedient Servant,

D. S. BUCHANAN,
County Medical Officer of Health.

September, 1953.

GENERAL STATISTICS

Area (acres)	233,985
Population (Registrar-General's estimate mid-1952) ...	68,600

EXTRACTS FROM VITAL STATISTICS FOR
THE YEAR

BIRTHS—	<i>Males</i>	<i>Females</i>	<i>Total</i>
Live Births—			
Legitimate	548	497	1,045
Illegitimate	26	32	68
Total Births	584	529	1,113
Birth rate per 1,000 population			16.22
Still Births			28
Still birth rate per 1,000 total births			24.5

DEATHS—			
Deaths from all causes			753
Death rate (Crude) in—			
Urban Districts			11.82
Rural Districts			10.29
County of Huntingdon			10.98
England and Wales			11.3

Maternal Deaths—		
From pregnancy, childbirth, abortion		Nil

Infant Deaths—			
Death rate of infants under 1 year of age per 1,000 births—			
Legitimate			22.01
Illegitimate			29.41
Total death rate			28.75

Population

The statistics issued by the Registrar General for 1952 comprise figures relating to resident civilians and members of the armed forces stationed in the area. The population figures thus obtained are referred to as "home population." The estimated home populations of the County Districts at the 30th June, 1952, were as follows:—

Administrative County	...	68,600
Urban Districts	...	30,790
Huntingdon M.B.	...	5,327
Godmanchester M.B.	...	2,469
St. Ives M.B.	...	3,250
St. Neots	...	4,944
Ramsey	...	5,655
Old Fletton	...	9,145
Rural Districts	...	37,810
Huntingdon	...	9,974
St. Ives	...	11,360
St. Neots	...	7,635
Norman Cross	...	8,841

The mid-1952 population of the County as estimated by the Registrar General at 68,600 shows a net decrease of 1,190 as compared with the estimated population in the previous year, 1951.

This decrease in the population figure is extremely difficult to account for unless the explanation lies in the movement of service personnel and their families particularly as there was a natural increase (excess of live births over deaths) of 360.

The natural increase in recent years has been fairly constant.

1951	—	359
1950	—	362
1949	—	373

Births

Live births numbered 1,113, of which 584 were male and 529 female which gives a Live Birth Rate of 16.2 per 1,000 of the estimated population. This shows a decrease on the rate for 1951 which amounted to 16.7 but still remains above the England and Wales rate of 15.3. By and large, there has been a gradual decrease in the birth rate since the immediate post-war years.

During 1952 there were 28 Still Births registered, giving a Still Birth Rate of 24.5 as compared with a rate of 21.7 in 1951.

Illegitimate live births numbered 68, of which 36 were male and 32 female which constitutes 6.1 per cent. of the total number of live births and shows an increase as compared with the figure of 5.5 for 1951.

Deaths

During 1952 a total of 753 deaths were registered giving a Crude Death Rate of 10.9 as compared with 11.6 in 1951. The corresponding figure for England and Wales was 11.3.

The table on pages 10-11 shows the age distribution of the deaths registered and also the causes of the deaths allocated to the various urban and rural districts.

Of the total number of deaths some 233 or approximately one-third were due to disease of the heart; the majority of these deaths occurred in persons 65 years and upwards.

There were 116 deaths attributable to some form of malignant neoplasm with an additional 5 due to leukaemia or aleukaemia.

The total number of deaths which occurred as a result of tuberculosis was 9, of which 6 were due to pulmonary lesions and 3 to non-pulmonary infections. Reference to all available past records indicate that the number of deaths in 1952 from all forms of tuberculosis is the lowest ever recorded.

Whooping Cough was responsible for 2 deaths, one of a child under 1 year and a second of a child between 1—5 years. No deaths occurred which were attributable to any other infectious disease.

34 deaths occurred as a result of accidents of various types including 14 which were associated with motor vehicles. These deaths amount to 4.5 per cent. of all deaths registered and shows an increase on the comparative figures of 3.8 per cent. and 3.7 per cent. for 1951 and 1950 respectively.

The Infant Mortality Rate of 28.75 per 1,000 live births shows an increase over the corresponding rates in the previous two years. The Maternal Mortality Rate was Nil, no deaths due to Pregnancy, Childbirth or Abortion being recorded during the year.

The following table sets out the birth rates and death rates of the Urban and Rural Districts and of England and Wales for the past five years :—

	Birth Rate					Death Rate				
	1948	1949	1950	1951	1952	1948	1949	1950	1951	1952
Urban Districts	17.2	16.3	15.4	16.7	15.3	11.1	12.2	11.5	12.0	11.8
Rural Districts	18.7	19.1	17.4	16.8	17.0	10.0	11.9	11.2	11.3	10.3
County of Huntingdon	18.1	17.8	16.6	16.8	16.2	10.5	12.0	11.3	11.6	11.0
England and Wales	17.9	16.7	15.8	15.5	15.3	10.8	11.7	11.6	12.5	11.3

TABLE SHOWING DEATHS FROM ALL CAUSES AND IN

CAUSE OF DEATH	CAUSE OF DEATH AT DIFFERENT PERIODS OF LIFE							
	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and under 75	75 and upwards
1. Tuberculosis, Respiratory ..	—	—	—	—	—	6	—	—
2. Tuberculosis, Other ..	—	—	—	—	—	1	—	2
3. Syphilitic Disease ..	—	—	—	—	—	—	2	1
4. Diphtheria ..	—	—	—	—	—	—	—	—
5. Whooping Cough ..	1	1	—	—	—	—	—	—
6. Meningococcal Infections ..	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis ..	—	—	—	—	—	—	—	—
8. Measles ..	—	—	—	—	—	—	—	—
9. Other Infective and Parasitic Diseases ..	1	—	—	1	—	—	—	—
10. Malignant Neoplasm, Stomach ..	—	—	—	—	—	8	9	6
11. Malignant Neoplasm, Lung, Bronchus ..	—	—	—	—	1	9	5	—
12. Malignant Neoplasm, Breast ..	—	—	—	—	1	11	3	1
13. Malignant Neoplasm, Uterus ..	—	—	—	—	—	2	—	1
14. Other Malignant & Lymphatic Neoplasms ..	—	—	—	—	5	15	14	25
15. Leukaemia, Aleukaemia ..	—	—	1	—	1	—	1	2
16. Diabetes ..	—	—	—	—	1	1	3	1
17. Vascular Lesions of Nervous System ..	—	—	—	—	3	16	34	56
18. Coronary Disease. Angina ..	—	—	—	—	—	12	28	32
19. Hypertension with Heart Disease ..	—	—	—	—	—	—	3	7
20. Other Heart Disease ..	—	—	—	—	1	14	41	95
21. Other Circulatory Disease ..	—	—	—	—	1	4	5	14
22. Influenza ..	—	—	—	1	1	—	2	3
23. Pneumonia ..	6	1	—	1	2	2	8	6
24. Bronchitis ..	1	—	—	—	—	5	4	13
25. Other Diseases of Respiratory System ..	—	—	—	—	—	3	—	—
26. Ulcer of Stomach and Duodenum ..	—	—	—	—	—	3	1	1
27. Gastritis, Enteritis and Diarrhoea ..	—	1	—	—	2	2	1	3
28. Nephritis and Nephrosis ..	—	—	—	—	2	2	—	3
29. Hyperplasia of Prostate ..	—	—	—	—	—	—	7	10
30. Pregnancy, Childbirth, Abortion ..	—	—	—	—	—	—	—	—
31. Congenital Malformations ..	2	—	—	—	1	1	—	—
32. Other Defined and Ill-defined Diseases ..	20	1	1	2	5	13	15	46
33. Motor Vehicle Accidents ..	—	1	1	3	7	—	1	1
34. All Other Accidents ..	1	2	—	2	6	4	1	4
35. Suicide ..	—	—	—	—	2	3	1	—
36. Homicide and Operations of War ..	—	—	—	—	—	—	—	—
TOTAL ALL CAUSES ..	32	7	3	10	42	137	189	333

DISTRICTS IN THE COUNTY OF HUNTINGDON, 1952

Totals	Urban Districts						Rural Districts			
	Huntingdon Borough	Godmanchester Borough	St. Ives Borough	St. Neots U.D.	Ramsey U.D.	Old Fletton U.D.	Huntingdon R.D.	St. Ives R.D.	St. Neots R.D.	Norman Cross R.D.
6	—	—	—	—	—	1	—	2	2	1
3	—	1	—	—	—	—	1	1	—	—
3	—	—	—	—	—	1	—	1	1	—
—	—	—	—	—	—	—	—	—	—	—
2	—	—	—	—	—	—	—	—	—	2
—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—
2	—	—	—	—	—	—	—	—	2	—
23	3	1	1	—	5	5	2	5	1	—
15	2	1	—	—	2	2	2	1	4	1
16	1	—	—	1	1	3	2	4	4	—
3	2	—	—	—	—	—	—	—	1	—
59	12	7	1	3	3	5	4	13	5	6
5	—	—	—	1	—	1	1	—	—	2
6	3	—	—	1	1	1	—	—	—	—
109	16	5	4	10	4	11	15	12	16	16
72	8	3	6	3	6	3	1	25	6	11
10	1	—	—	—	1	1	—	5	1	1
151	26	7	4	5	15	27	21	21	9	16
24	6	1	1	1	—	2	3	6	3	1
7	—	—	—	3	—	—	1	—	1	2
26	2	2	—	3	4	5	2	6	1	1
23	4	—	—	2	3	2	5	2	1	4
3	2	—	—	—	1	—	—	—	—	—
5	—	—	1	1	—	1	—	1	—	1
9	3	—	1	1	1	—	—	1	1	1
7	1	—	1	—	—	—	—	3	2	—
17	1	—	—	1	2	1	3	6	2	1
—	—	—	—	—	—	—	—	—	—	—
4	—	—	—	1	1	1	—	—	—	1
103	13	4	6	11	2	9	16	8	17	17
14	1	—	1	1	1	2	2	3	1	2
20	1	—	2	2	—	3	5	3	1	3
6	—	1	—	—	1	2	—	2	—	—
—	—	—	—	—	—	—	—	—	—	—
753	108	33	29	51	54	89	86	131	82	90

VITAL STATISTICS FOR THE YEAR 1952

Urban and Rural Districts

District	Area in acres	Persons per acre	Population	Live Births				Deaths				Deaths under 1 year of age		Death Rate from Respiratory Tuberculosis per 1,000 population	Death rate from all tubercular diseases per 1,000 population
				No.	Net Rate	Standardising Factor	Standardised Birth Rate	No.	Net Rate	Standardising Factor	Standardised Death Rate	No.	Rate per 1,000 reg'd births		
URBAN															
Huntingdon Borough	2151	2.5	5327	73	13.7	0.95	13.0	108	20.3	0.87	17.6	1	13.7	—	—
Godmanchester Borough	4907	0.5	2469	39	15.8	0.98	15.5	33	13.4	0.89	11.9	1	25.6	—	0.41
St. Ives Borough	2326	1.4	3250	58	17.8	1.03	18.3	29	8.9	0.82	7.3	1	17.2	—	—
St. Neots Urban	1390	3.6	4944	61	12.3	1.05	12.9	51	10.3	0.86	8.9	1	16.4	—	—
Ramsey Urban	15980	0.4	5655	108	19.1	1.05	20.0	54	9.5	0.97	9.3	3	27.8	—	—
Old Fletton Urban	3029	3.0	9145	131	14.3	1.06	15.2	89	9.7	1.07	10.4	7	53.4	—	0.11
Total for Urban Districts	29783	1.0	30790	470	15.3	1.02	15.6	364	11.8	0.93	11.0	14	29.8	0.03	0.06
RURAL—															
Huntingdon	69937	0.1	9974	174	17.4	1.21	21.1	86	8.6	1.01	8.7	7	40.2	—	0.10
St. Ives	45911	0.2	11360	218	19.2	1.08	20.7	131	11.5	0.92	10.6	3	13.8	0.18	0.26
St. Neots	52559	0.1	7635	117	15.3	1.17	17.9	82	10.7	0.80	8.6	5	42.7	0.26	0.26
Norman Cross	35795	0.2	8841	134	15.2	0.99	15.0	90	10.2	1.05	10.7	3	22.4	0.11	0.11
Totals for Rural Districts	204202	0.2	37810	643	17.0	1.10	18.7	389	10.3	0.94	9.7	18	28.0	0.13	0.19
Administrative County	233985	0.3	68600	1113	16.2	1.07	17.4	753	11.0	0.93	10.1	32	28.8	0.09	0.13
England and Wales					15.3				11.3				27.6		0.24

LOCAL HEALTH SERVICES PROVIDED UNDER THE NATIONAL HEALTH SERVICE ACT

Administration

The Health Committee of the County Council carries out its responsibilities under Part III of the National Health Service Act, 1946, through the General Health Services and the Ambulance Joint Sub-Committees.

The County Medical Officer of Health is the Executive Officer of the Health Committee and is in general control of the Health Service. As a result of this review, a decision was made to

Initially the Domestic Help Service was organised and operated by the Women's Voluntary Service on an agency basis, the Health Committee paying the salary of a part-time Domestic Help Organiser together with other incidental expenses incurred by the Service. Later at the request of the Women's Voluntary Service it was agreed to pay the salary of a full-time Organiser. The above arrangement remained in force until the Autumn of 1952 when the Health Committee decided to review the Service. As a result of this review a decision was made to transfer the Domestic Help Organiser and the whole Service from the W.V.S. Office to the County Medical Officer's Department.

Co-ordination and co-operation with other parts of the National Health Service

The majority of the Services were in operation before the passing of the Act and were sufficiently well known to the various other bodies and authorities concerned. No special measures for securing co-ordination were considered necessary.

There is in this Region a Liaison Committee of the East Anglian Regional Hospital Board which is composed of Medical Officers of the Board and of County and County Borough Medical Officers of Health in the Region. This Committee meets regularly at monthly intervals and acts in an advisory capacity to the Senior Administrative Medical Officer of the Hospital Board, who in turn places the Committee's recommendations before the Board.

There is also a Pre-Liaison Committee at which the County and County Borough Medical Officers of Health meet the Medical Officers of the Regional Ministry of Health. There is much interchange of information at both these Committees. The County Medical Officer is a member of both Committees.

In cases where a patient, about to be discharged from hospital will require the services of the District Nurse, hospitals serving this County notify the County Medical Officer of the date of discharge, together with the after-care required.

The United Cambridge Hospitals have a scheme for the early discharge of patients to their homes. This scheme requires close liaison between the general medical practitioners, officers of the Local Health Authority and Hospital Authority.

No patient is discharged under this scheme without it being ascertained that the general medical practitioner responsible for the case agrees to the discharge, that the home conditions are satisfactory, and that suitable nursing arrangements and adequate domestic help are available. Reports on the home conditions are supplied by the Local Health Authority through their Health Visitors. The nursing services are provided by the Local Health Authority which also provides the Domestic Help for such cases where the resources of the patient are not sufficient to meet the situation.

In those cases where the Domestic Help Service is called upon to supply assistance, the Hospital meets the whole cost of the Domestic Help for the first week. During the second week the total cost of the Domestic Help is shared equally by the Hospital and the Local Health Authority. Thereafter patients are assessed according to their ability to pay.

Although no other Hospital admitting cases from this County has formulated such a scheme as the foregoing, nevertheless, as the result of close liaison between the Local Health Authority and the Hospital concerned, similar arrangements have operated in cases of early discharge of patients. There is one difference, these other Hospitals make no contribution towards the cost of any Domestic Help which may be required.

The general practitioners within the County and the general public were well acquainted with the services provided by the County which existed prior to the National Health Service Act coming into force so that very little in the way of special measures was required to bring these existing services to their notice. General practitioners were circularised with full details of the new services and they are similarly circularised from time to time with any administrative alterations.

Information has been given on all services in talks to Women's Institutes and in group talks at Infant Welfare Centres and Ante-Natal Clinics.

Two general medical practitioners, one nominated by the Executive Council and one by the Local Medical Committee, are co-opted by the County Council on the Health Committee.

The County Medical Officer is a member of the Local Medical Committee, where considerable interchange of information is made and any difficulties discussed.

The County Council nominates eight members of the Executive Council. The County Medical Officer is now a member of this Council.

Joint use of Staff

Doctors in general practice undertake work for the Local Health Authority to a very limited extent. Only in two infant Welfare Centres do general medical practitioners act as Medical Officers, although they carry out ante-natal and post-natal examinations of expectant and nursing mothers as described later in the report.

No arrangements exist for medical or other officers employed by the Authority to work part-time in Hospital or Specialist Services. No consultants or medical staff employed by the Regional Hospital Board or by the Board of Governors of the United Cambridge Hospitals, with the exception of the Chest Physician, work in this Authority's service.

Voluntary Organisation

The County Council has always maintained close liaison with various Voluntary Organisations associated with matters concerning health and education.

The Woodston, Old Fletton and Stanground Voluntary Infant Welfare Association, which was established many years ago, remains a very active body and carries on Infant Welfare work as an agent of this Authority.

The combined Midwifery and Home Nursing Service is now organised and operated directly by the Health Committee. Before the National Health Service Act, 1946, came into force, it was carried out through the agency of the various Local District Nursing Associations. These Associations, while no longer actively participating in the direction of the Service, are, however, frequently consulted about local appointments and arrangements.

As regards the care of the Unmarried Mother and her child, the County Council shares with the Ely Diocesan Moral Welfare Association the services of a Welfare Officer, and is one of the participating bodies in the scheme for the maintenance of the Ely Diocesan Mother and Baby Home, accepting responsibility for the cost of five beds.

As already mentioned, the Women's Voluntary Service until quite recently operated the Domestic Help Service on behalf of this Authority.

In connection with the Council's scheme for the provision of nursing equipment under Section 28 of the National Health Service Act, use is made of the British Red Cross Society's and Women's Voluntary Service Organisation Stores, from which nursing requisites may be obtained on loan either free of cost or at a nominal charge.

Close co-operation exists between the Local Health Authority and the National Society for the Prevention of Cruelty to Children, whose services are used to deal with appropriate cases.

CARE OF MOTHERS AND YOUNG CHILDREN (Section 22)

Ante-Natal and Post-Natal Care

Ante-natal and post-natal examinations of cases booked under Part III of the National Health Service Act are undertaken by the general practitioner obstetrician, who is invariably the patient's own doctor. The place in which these examinations take place varies considerably. In the smaller villages and outlying hamlets the examination is usually undertaken in the patient's home. In the larger villages where there is a resident doctor, appointments are usually made for the patient to be seen at the doctor's surgery. Midwives attend doctors' surgeries when these examinations are being undertaken when requested to do so by the doctor.

In Huntingdon, St. Ives and Ramsey there are ante-natal clinics and post-natal clinics, provided and staffed (Health Visitor and Midwives) by the Health Committee, at which the local doctors hold regular sessions and carry out the examinations of patients booked both under Part III and Part IV of the Domiciliary Midwifery Service.

A similar ante-natal clinic is provided and staffed in Old Fletton and although initially one general practitioner obstetrician did make use of these facilities he has, as a result

of ill-health and pressure of work, discontinued to do so. An Assistant County Medical Officer now attends this clinic to undertake the examinations.

Patients attending these clinics are given instruction in ante-natal and post-natal exercises by the staff. The instruction of the staff is undertaken by a Physiotherapist in Huntingdon.

Blood specimens taken from mothers attending the clinics are sent to the Regional Blood Transfusion Centre for Wassermann and Kahn reaction, Rhesus classification and haemoglobin content. Specimens taken by the general medical practitioners in their surgeries, or in the patient's home, are usually sent to the above Centre by post.

The Health Visitor is responsible for the care of all unmarried mothers and their children as part of her normal work, but cases requiring special help are referred to the Council's Welfare Worker. This officer, who is employed by the Ely Diocesan Moral Welfare Association, devotes two-fifths of her time to County Council duties. In cases where it is considered that an unmarried mother requires training, facilities exist for admission to the Ely Diocesan Home for Unmarried Mothers and Babies at Cambridge.

Maternity outfits are made available to all women having their confinement at home and are obtainable from any of the Ante-Natal Clinics throughout the County, from District Nurse-Midwives, or from the Health Department Stores on the production of a certificate from the doctor or midwife.

Examinations by general practitioner obstetricians of cases undertaken by midwives is as follows :—

Ante-Natal examinations	...	141
Post-Natal examinations	...	53

Infant Welfare Centres

All children under the age of 5 years in the County are visited periodically by a Health Visitor, who gives advice on the general management of the child.

There are 18 County Council Infant Welfare Centres, one Voluntary Centre and two Centres at Royal Air Force Stations in the County. The County Council Centres are staffed by County medical staff with the exception of one which is attended by a general medical practitioner. The one Voluntary Centre is staffed by a general medical practitioner, while the R.A.F. Centres are staffed by county medical staff.

The County Council continues to administer the School Ophthalmic Clinics which are held in County Council premises and appointments for children referred from the Infant Welfare Centres to attend these Clinics are made in the Health Department.

Although the Orthopaedic Scheme established by the County Council was taken over by the Regional Hospital Board on the appointed day, the Clinics continue to be held in County premises. Any child suffering from a defect requiring the advice of an Orthopaedic Specialist is referred, with the consent of the child's doctor, to this Clinic.

Similarly children suffering from other defects, with the consent of their doctors, are referred to the appropriate Regional Hospital Board Specialist.

Attendances at Infant Welfare Centres

		<i>1st Visits</i>	<i>Subsequent</i>	<i>1st Visits</i>	<i>Subsequent</i>	<i>Total</i>
		<i>0-1 year</i>	<i>0-1 year</i>	<i>1-5 years</i>	<i>1-5 years</i>	<i>Attendances</i>
<i>County Centres</i>						
Alconbury	...	12	105	1	165	283
Brampton	...	21	129	11	119	280
Buckden	...	14	91	2	139	246
Elton	...	21	63	19	187	290
Fenstanton	...	21	112	4	153	290
Great Gransden		11	38	3	126	178
Great Staughton		20	120	1	139	280
Huntingdon	...	95	1598	8	680	2381
Kimbolton	...	28	88	10	246	372
Ramsey	...	75	296	12	113	496
St. Ives	...	77	695	15	547	1334
St. Neots	...	81	892	11	950	1934
Sawtry	...	17	112	6	123	258
Somersham	...	27	161	7	132	267
Spaldwick	...	10	90	3	81	184
Warboys	...	27	166	—	174	367
Woodwalton	...	4	24	1	74	103
Yaxley	...	30	116	—	211	357
<i>Voluntary Centres</i>						
Old Fletton	...	92	1898	28	625	2643
Wyton Aerodrome		34	392	19	283	728
Upwood Aerodrome		57	279	12	64	412
<i>Total Number of Attendances at all Centres</i>						
	...	774	7405	173	5331	13683

Premature Infants

The Local Health Authority is notified of all babies having a birth weight of $5\frac{1}{2}$ lbs. or under. During the year 1952 notifications were as follows :—

No. of Premature infants notified	...	51
No. of Premature infants born at home	...	11
No. of Premature infants born in hospital	...	40

The arrangement by which special cots, hot water bottles, feeding bottles, oxygen apparatus, nursing gowns and masks are maintained by the Local Health Authority at convenient points within the County continues.

	Premature infants born alive at home					
	Trans- ferred to Hospital	Nursed entirely at home				Total
		Died in first 24 hours	Died on 2nd to 7th day	Died on 8th to 28th day	Sur- vived 28 days	
2 lbs. 3 oz. or less	—	—	—	—	—	—
Over 2 lbs 3 oz. up to and in- cluding 3 lbs. 4 ozs.	1	—	—	—	—	—
Over 3 lbs. 4 ozs. up to and in- cluding 4 lbs 6 ozs.	1	—	—	—	—	—
Over 4 lbs 6 ozs. up to and in- cluding 4 lbs 15 ozs.	—	—	—	—	—	—
Over 4 lbs. 15 ozs. up to and in- cluding 5 lbs. 8 ozs.	1	—	—	—	8	8
TOTALS	3	—	—	—	8	8

Dental Care

The Senior Dental Officer reports as follows :—

“During the past year all expectant and nursing mothers together with pre school children, applying for dental treatment have been given priority attention at the various Centres.

“Generally speaking the dental condition of the expectant mothers is very good and one rarely sees the high degree of dental caries or sepsis which one saw in bygone years. As a result, extractions and the provision of dentures are not so frequent.

“The number of pre school examinations has increased and it is satisfactory to note the high standard of dental hygiene revealed by these inspections and little treatment was, therefore, necessary.”

Dental treatment for expectant and nursing mothers and children under school age is available in Dental Clinics at Huntingdon, St. Ives, Ramsey, Old Fletton and St. Neots. Although the Dental Staff is at present only 50 per cent. of its normal establishment, expectant and nursing mothers and young children are given priority over all other classes, and receive appointments within a week.

Efforts have been made through the Local Dental Committee of the National Health Service to obtain the part-time services of private Dentists, but so far without success. Advertisements for Dental Officers have up to the present time proved unsuccessful.

(a) Numbers provided with dental care :

	Examined	Needing Treatment	Treated	Made Dentally fit
Children under five	18	18	18	15
Expectant and Nursing Mothers.	52	26	25	15

(b) Forms of dental treatment provided :

	Extractions	Anaesthetics		Fillings	Scalings or Scaling and gum treatment	Silver Nitrate treatment	Dressings including Imps, Bites, Try-ins etc.	Radio-graphs	Dentures provided	
		Local	General						Com-plete	Partial
Expectant and Nursing Mothers	31	17	1	12	5	—	12	—	2	—
Children under five	19	12	—	9	—	—	15	—	—	—

Supply of Dried Milk, etc.

Ministry of Food — National Dried Milk, Orange Juice and Cod Liver Oil.

In rural areas supplies of the above foods are sent from the central distribution centre at Cambridge to an Infant Welfare Centre voluntary worker who resides near the premises used as a Welfare Centre. Such foods are distributed at the Centre when in session.

Other dried milk and nutrients required for medical reasons are kept at the central store — supplies being issued to each Health Visitor for sale at the Welfare Centres she attends.

Maternity Beds

Year	Total No. of Births	Births in Maternity Homes or Hospitals	Percentage of Institutional Births
1947	1,271	299	23
1948	1,148	347	30
1949	1,144	532	47
1950	1,121	652	58
1951	1,170	728	62
1952	1,141	678	60

The following is a record of admissions to Mother and Baby Homes during the year :—

Diocesan Home, Cambridge	...	9
Northampton Diocesan Catholic		
Child Protection and Welfare		
Society's Home	...	1

Ophthalmic Work

The following table summaries the ophthalmic work undertaken :—

		<i>Huntingdon</i>	<i>Old Fletton</i>
Number of new cases	...	17	2
Number of old cases	...	40	5
Number of attendances	...	60	7
Total number of cases in which spectacles were prescribed	...	10	1

Othopædic

The following tables give particulars of cases dealt with both at the Surgeons Clinics and the Care and After-Care Centres during the year.

ATTENDANCES AT SURGEONS CLINICS, 1952

Clinic	No. of Clinics held	New cases seen	Attendances					Total
			S.E.	P.E.	M. & C.W.	T.B.	P.H.	
Huntingdon	21	144	41	342	124	22	39	568
Peterborough	11	18	5	70	14	4	6	99
TOTAL ..	32	162	46	412	138	26	45	667

NOTE.—S.E.—Secondary Education; P.E.—Primary Education; M. & C.W.—Pre-school cases; T.B.—Tuberculosis cases; P.H.—Other Adults.

ATTENDANCES AT CARE AND AFTER-CARE CENTRES 1952

Clinic	No. of Clinics held	Attendances					
		S.E.	P.E.	M. & C.W.	T.B.	P.H.	Total
Huntingdon	18	45	274	—	—	—	319
Fletton	15	21	149	—	—	—	170
Ramsey	16	10	114	—	—	—	124
St. Ives	24	—	126	—	—	—	126
St. Neots	15	—	62	—	—	—	62
TOTAL ..	88	76	725	—	—	—	801
Home Visits by Sister		20	371	35	46	64	536

MIDWIFERY AND HOME NURSING (Section 23 and 25)

Midwifery

To meet their obligation under Sections 23 and 25 of the National Health Service Act, this Authority has provided a combined Midwifery and Home Nursing Service.

The County is divided into 23 Districts, each one being served by a District Nurse/Midwife. On the nursing establishment there are in addition two Relief District Nurse/Midwives (one in the north and the other in the south of the County).

At the close of 1952 there were four vacancies on the staff despite regular advertisements in the nursing journals. The recruitment of nurse/midwives to fill district appointments, even with the provision of a house as an inducement, is far from satisfactory.

The Maternity and Child Welfare Medical Officer, who is the Medical Supervisor of Midwives, is responsible for the supervision of midwives, including midwives practising outside the County Council's service. A Non-Medical Supervisor of Midwives carries out the routine inspection of registers, records, etc. of midwives employed by the County Council.

Ante-natal supervision of expectant mothers living in the more remote parts and in small villages is normally undertaken in the patient's home, but in Huntingdon, Old Fletton, Ramsey and St. Ives the midwives hold their own ante-natal sessions at the Clinics provided, alternating with sessions held by general medical practitioners. In St. Neots ante-natal clinic premises are also available at which the midwives can undertake ante-natal supervision of their cases as an alternative to the patient's home.

Of the 21 midwives employed by the Local Authority, 20 are trained in the administration of gas and air analgesia and are supplied with portable Minnitt's apparatus for its administration. In addition, a number of the midwives administer pethidine on their own responsibility.

Close co-operation exists between the midwives and the general practitioners.

Where the demand for hospital confinements is in excess of the beds available, recommendations for admission on social grounds are made on reports completed by midwives.

No refresher courses for midwives are organised in this area, but every year arrangements are made for two midwives to attend refresher courses organised by the Royal College of Midwives.

There are no arrangements for the training of pupil midwives in this area.

Midwives' Act, 1902

44 midwives notified their intention to practise midwifery in the County. Of these 11 were employed in Institutions and 26 were District Nurse/Midwives employed by the County Council.

The following table summarises the work carried out :—

Number of cases attended as Midwives	...	307
Number of cases attended as Maternity Nurse	...	98
Number of Midwifery cases in which medical aid was called in by Midwife	...	91
Number of attendances — Midwifery cases	...	5,292
Number of attendances — Maternity cases	...	3,383
Number of General Nursing attendances	...	27,514
Number of other attendances	...	3,487
Number of cases in which gas and air was administered by midwives in domiciliary practice during the year :—		
When acting as a midwife	...	148
When acting as a maternity nurse	...	24
Number of cases in which pethidine was administered by midwives in domiciliary practice during the year :—		
When acting as a midwife	...	81
When acting as a maternity nurse	...	36

Home Nursing

Home Nursing and Domiciliary Midwifery are provided as a combined service in this area. The general arrangements of the service and the co-operation with the general practitioners are as previously described under Midwifery.

As set out earlier in the report, if patients discharged from hospital require further treatment at home the necessary information is sent to the District Nurse by the hospital,

The patients requiring the services of District Nurses may be classified as medical and surgical. Medical cases account for 57 per cent. of the total amount of work; surgical cases for 43 per cent. Acute medical cases consist largely of patients requiring daily or twice daily intramuscular injections. Such cases continue to increase in number. Chronic medical cases, because of their very nature, make heavy demands on the nurses' time. Acute surgical cases are largely those patients discharged from hospital at an early date, reference has already been made to them in this report. Chronic surgical cases consist largely of patients suffering from inoperable malignant disease with a small proportion of cases suffering from chronic inflammatory conditions.

Although the nurses frequently pay late night visits in cases where necessary and answer emergency calls through the night, no arrangements exist to date for a regular continuous night attendance.

Although this Authority have not as yet sent nurses for district nurse training or on refresher courses, with the object of keeping them informed of modern methods and the newer forms of treatment, facilities have been provided for nurses to attend local teaching hospitals for short courses extending over two or three days.

District	Name of Nurse	Address & Telephone No.	Number of Cases Attended			Total No. of Visits			
			Midwifery	Maternity	General	Mid.	Mat.	A.N.	Gen.
Alconbury	Mrs. L. Watson, S.R.N., S.C.M.	13, School Lane, Alconbury. Woolley 255.	5	6	22	96	125	195	431
Brampton	Mrs. C. M. Bailey, S.R.N., S.C.M.	The Lilacs, High St., Brampton. Huntingdon 336.	15	1	98	306	11	295	1505
Huntingdon	Miss M. Lockhart, S.R.N., S.C.M. Mrs. I. Vickers, S.R.N., S.C.M.	Relief Dist. Nurse/Midwife Resigned, Dec. 1952. Flat No. 2, 39, High St., Huntingdon. Huntingdon 17. Appointed Oct. 1952.	11	3	71	220	67	302	1405
Godmanchester	Miss L. M. Munro S.R.N., S.C.M.	Resigned, Dec. 1952.	19	5	75	468	70	288	1794
St. Ives	Miss E. L. Heath, S.E.A.N., S.C.M.	34, West Street, St. Ives. St. Ives 2228.	—	35	49	12	556	131	1726
Hemingfords & Fenstanton	Miss N. Fancourt, S.R.N., S.C.M.	Council Houses, Hemingford Abbots. St. Ives 3119.	7	10	59	164	159	50	1377
Warboys	Miss M. A. Moore S.R.N., S.C.M.	34, Old Mill Avenue, Warboys Warboys 224.	18	3	68	366	20	209	1362
Woodhurst	Miss O. Williams S.R.N., S.C.M. Miss C. M. Wilson S.R.N., S.C.M., Q.N.	Resigned June 1952. 12, Moot Way, Woodhurst Warboys 327. Appointed Aug. 1952.	23	1	41	288	400	697	1057
Somersham	Miss E. Rose S.R.N., S.C.M.	Priors Field Farm, Bluntisham. Earith 225.	12	1	78	243	—	240	1132
Bluntisham	Mrs. A. R. Hendry, S.R.N., S.C.M.	Council Houses, Colne Road, Bluntisham. Earith 226.	8	2	67	204	18	85	1274
Ramsey	Mrs. A. Wardlaw, S.R.N., S.C.M.	33, Westfield, Ramsey. Ramsey 3155.	20	6	101	407	355	297	2628

Ramsey St. Marys	Miss K. Mears, S.R.N., S.C.M.	1, Ashbeach Road, Ramsey St. Mary's. Mereside 252.	13	2	177	312	21	202	3477
Ramsey	Mrs. P. M. Smith, S.R.N., S.C.M.	92, Great Whyte, Ramsey. Ramsey 2138.	27	2	52	597	23	246	1362
Yaxley & Farcet	Mrs. J. C. Koldau, S.R.N., S.C.M.	11, Hillcrest Avenue, Yaxley. Yaxley 272.	29	7	24	581	125	240	544
Sawtry	Mrs. J. M. Colbert, S.R.N., S.C.M.	Church Street, Sawtry. Sawtry 224.	7	5	32	121	107	347	1173
Stanground & Southfields	Mrs. Moir, S.R.N., S.C.M.	37, Lawson Avenue, Southfields. Peterborough 5418. Appointed Dec., 1952.	11	2	24	255	110	141	1011
Fletton (part) & Woodston	Mrs. A. McStocker, S.R.N., S.C.M.	40, Celta Rd., Woodston. Peterborough 3967.	6	6	43	100	104	120	828
Elton	Mrs. B. G. Lovatt, S.E.A.N., S.C.M.	Thatched Cottage, Gated Road, Waternewton. Castor 245.	6	—	42	110	—	75	1202
Gt. Staughton & Kimbolton	Miss W. Nichols, S.R.N., S.C.M.	Great Staughton. Kimbolton 271.	8	13	34	75	407	129	1028
Catworth	Miss A. M. Young, S.R.N., S.C.M.	"Hyltop", Catworth. Bythorn 217. Retired Dec., 1952.	4	13	24	22	264	27	511
St. Neots	Miss J. Cox, S.R.N., S.C.M., Q.N.	9, The Grove, Lammas Way, St. Neots. St. Neots 215.	3	5	28	38	124	30	488
St. Neots & Eynesbury	Miss J. Watkins, S.R.N., S.C.M., Q.N.	9, The Grove, Lammas Way, St. Neots. St. Neots 215.	7	5	63	76	116	60	1182
Gt. Gransden & Offord	Mrs. H. Rose, S.R.N., S.C.M.	Mill House, Eltisley, Cambs. Croxtan 210.	5	4	40	104	75	54	1301
Stilton	Miss L. Hardy, S.E.A.N., S.C.M.	Retired Oct., 1952.	9	4	27	137	95	88	846

HEALTH VISITING

(Section 24)

The health visiting in the area is undertaken by full-time members of the staff holding combined appointments of Health Visitor/School Nurse, their time being evenly divided between the two duties. On the Health Department staff there is an establishment of 1 Superintendent Health Visitor, 12 Health Visitor/School Nurses and 1 Tuberculosis Health Visitor. At the present time there are 3 Health Visitor/School Nurse appointments vacant.

In most cases the Health Visitor is well known to the local general medical practitioner and co-operation does exist, the Health Visitor being at all times pleased to assist by interpreting the advice of the medical practitioners to the parents.

During the past four years the Local Authority has been prepared to assist a maximum of two nurses per year to obtain the Health Visitor's Certificate by meeting the entire cost of their training and necessary expenses. The response from nurses has not been very good, only two having taken advantage of these facilities.

The following table shows the number of visits paid by Health Visitors :—

<i>Children under 1 year of age</i>		<i>Children between the ages of 1 and 5</i>	
First visits	Total visits	First visits	Total visits
1,164	6,982	104	11,787

VACCINATION AND IMMUNISATION

(Section 26)

The value and the importance of early vaccination and immunisation is pointed out to mothers by doctors and health visitors at all Infant Welfare Centres.

Similarly, the health visitors at their first month and ninth month home visits after the birth of the child stress the importance of these prophylactic measures and continue to do so at subsequent visits if the mother has not already followed the advice given.

Propaganda in connection with vaccination and diphtheria immunisation in the form of leaflets and posters is used to a considerable extent.

In addition to this, in all cases where a child has not been immunised by the time it is twelve months old, a special birthday card stressing the need for the child to be immunised, together with a consent form, is sent to the home.

The "danger-risk" incentive which has long been a strong point in the immunisation campaign has to some degree been lost by the fact that not a single case of diphtheria has occurred in the County during the past five years.

In one Maternity Home in the area, the Medical Officer in attendance carries out vaccination on a large scale before the mothers and infants are discharged home.

By far the greatest number of children receive their primary immunisation against diphtheria in the Infant Welfare Centres and those cases who do not receive their re-inforcing doses at four years in these Centres, have the opportunity in the special sessions for immunisation arranged in the Primary Schools. All schools in the County, with the exception of very small schools, are visited annually by an Assistant Medical Officer for this purpose. Re-inforcing doses are usually offered to children at 4—5 years of age and at 4-yearly intervals thereafter up to the age of 12 years.

No arrangements have yet been made by this Authority for immunisation against Whooping Cough, although it is known that several, not all, general medical practitioners carry out this form of prophylaxis, the material being obtained on prescription under Part IV of the National Health Service Act,

Vaccination is undertaken solely by the general medical practitioners and they are paid a fee for each case on the submission of a record card to the Local Authority. Similarly, in those cases which are immunised by them, a fee is paid on the submission of a record of the case.

During the year ended 31st December, 1952, the number of persons vaccinated was as follows :—

Age at Date of Vaccination	Under 1	1	2 - 4	5 - 14	15 or over	Total
Number Vaccinated	432	25	30	24	36	547
Number re-vaccinated	—	—	7	12	97	116

During the year the number of children who completed a full course of primary immunisation was as follows :—

Children under 5 years	...	724
Children 5 — 14 years	...	340
		1,064

Total No. of children who were given a secondary or reinforcing injection	...	1,349
---	-----	-------

The following table gives in detail the Diphtheria Immunisation state within the County of children up to the age of 15 years.

NUMBER OF CHILDREN WHO HAD COMPLETED A FULL COURSE
OF IMMUNISATION AT ANY TIME UP TO 31st DECEMBER, 1952

Age at 31.12.52 i.e. Born in year	Under 1 1952	1 1951	2 1950	3 1949	4 1948	5-9 1943- 1947	10-14 1938- 1942	Total under 15 immunised
DISTRICT—								
Huntingdon Borough	6	55	58	53	66	341	251	830
Huntingdon Rural	8	85	121	103	110	493	454	1374
St. Neots Urban	4	35	56	50	71	298	264	778
St. Neots Rural	3	73	77	90	83	396	314	1036
St. Ives Borough	3	43	32	48	41	197	201	565
St. Ives Rural	5	78	107	132	139	732	552	1745
Norman Cross Rural	4	56	60	75	72	469	438	1174
Old Fletton Urban	5	65	62	76	90	507	446	1251
Ramsey Urban	9	47	64	51	77	339	361	948
Godmanchester Borough	2	29	34	44	41	184	159	493
Totals	49	566	671	722	790	3956	3440	10194

AMBULANCE Section 20

The following information relates to the working of the Ambulance Service during the year 1952.

<i>Service</i>		<i>Vehicles</i>	<i>Journeys</i>	<i>Patients</i>	<i>Miles</i>
DIRECTLY PROVIDED—					
Ambulances (Huntingdon)	..	4	1633	4409 (677)	70,464
Sitting Cars	..	3	1703	7312 (69)	98,273
AGENCY SERVICES—					
Local	..	3	382	1158 (140)	16,335
Soke of Peterborough—		3	1005	2025 (167)	33,709
Sitting Cars	..	3			
SUPPLEMENTARY—					
Hospital Car Service	..	—	216	615 (2)	12,311
Totals	..	16	4939	15519 (1055)	231,122

(The figures in parenthesis indicate emergency calls)

The County Council's Ambulance Service has continued to operate in a routine manner throughout the year. Although there was some seasonable variation in the calls made upon this service, statistics indicate that the upward trend in the demands made on this service continues. As compared with the previous year there was an increase of 6 per cent. in patients conveyed, 3 per cent. increase in the number of journeys and 8 per cent. increase in the mileage run.

For some time the service offered by the Voluntary Associations at Ramsey and St. Ives had not been satisfactory mainly because of difficulty in the regular manning of the vehicles by volunteers. As a result the Authority amended their scheme under the National Health Service Act and discontinued the use of these two Voluntary Associations on an agency basis.

Satisfactory service has been obtained from the Austin (Welfarer), Bedford and Dodge Ambulances and from the Austin Hire Cars (sitting case car). A Daimler Ambulance (four stretcher) was purchased and put into service during the course of the year.

The greater regard for economy in the use of this service is evident in the calls received from doctors and there is little evidence of abuse of the service by them. There is also a better appreciation from Transport Officers at Hospitals, although there still remains room for improvement in the co-ordination of journeys to and from these Hospitals.

The recent trend which is becoming more and more noticeable to centralise treatment of various defects at distant Hospitals, e.g. Oswestry, Norwich, London, has been responsible, in part, for the increased total mileage run by ambulances.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE (Section 28)

Tuberculosis

Under the arrangements made between the Local Health Authority and the Regional Hospital Board, the Chest Physician appointed by the latter devotes part of his time to the supervision of tuberculosis care and after-care work. The Local Health Authority pay one-eleventh of his salary and incidental expenses, e.g. travelling.

The Tuberculosis Health Visitor attends all clinic sessions at which Huntingdonshire cases are examined, pays regular visits to patients in their own homes and reports on these visits to the Chest Physician. She compiles a list of the immediate contacts of each case, arranges for them to attend for examination by the Chest Physician, and reports on the housing conditions.

Where these reports indicate that extra bedding, etc. is required, facilities exist for their provision. Similarly, when the assistance of Domestic Help is necessary the Tuberculosis Health Visitor makes the necessary arrangements through the Domestic Help Organiser.

In addition, the Tuberculosis Health Visitor makes the necessary arrangements in connection with diversional and where possible occupational therapy, and when the patient is fit to resume work she contacts employers in an endeavour to find suitable employment for the patient.

The County Council have arrangements under their Rehabilitation Scheme with Papworth Hall Sanatorium and the British Legion Settlement at Preston Hall for the resettlement and training of patients.

The District Councils have co-operated exceptionally well in the re-housing of cases and their families when such a recommendation has been made by the Chest Physician.

Open Air Shelters are provided by the Local Health Authority and are available for issue on the recommendation of the Chest Physician.

The Local Health Authority's Scheme includes provision for B.C.G. Vaccination of contacts. Selection of cases for this procedure is left at the discretion of the Chest Physician. The isolation of contacts before or after vaccination is usually arranged through the Children's Department either by admitting cases to a Children's Home or by placing them with a foster-parent.

Other Illnesses

There is no organised scheme for the care and after-care of other forms of illness, although arrangements exist where equipment is required, for it to be obtained on loan from the British Red Cross Stores or the Women's Voluntary Service Stores. In such cases as the necessary equipment is not available at the above Stores the Local Health Authority makes every effort to provide it.

Health Education

The chief agencies through which Health Education is carried out by this Authority are the Assistant Medical Officers and the Health Visitors in the Infant Welfare Centres, who give individual advice and group talks, illustrated by visual aids using projector and film strips on various subjects. In addition, the Health Visitors give advice to expectant mothers at ante-natal clinics and also at routine visits to young children in their homes. In connection with these home visits the Health Visitor is required to note such precautionary measures as are taken in the household to prevent accidents occurring to young children and where lack of such safeguards exists to give advice on these matters.

The posters issued by the Central Council for Health Education are used throughout the County, notably in Infant Welfare Centres and Schools, and pamphlets from the same source are distributed amongst parents attending Infant Welfare Centres.

In addition to the above, informal talks and lectures are given to voluntary societies on matters appertaining to health.

In such areas (i.e. Huntingdon, Godmanchester and St. Ives Boroughs and Norman Cross Rural District) in which the District Councils have delegated to the County Council the appropriate Sections of the Food and Drugs enactments, the County Inspector has paid many visits to food establishments in order to advise and supervise methods of preparing and handling food.

There are no leaflets or posters specially prepared for use in the County's area.

Study Day

The Education Department and the Health Department held a most successful Joint Study Day on 5th December. During the morning session, W. Emrys Davies, B.A., B.Sc., M.Ed., Ph.D., Education Officer, The Central Council for Health Education, gave a stimulating lecture on "Furthering Health Education in Schools."

The Theory and Practice of Health Education was the topic for the afternoon meeting and was in two parts. A. J. Dalzell-Ward, M.R.C.S., L.R.C.P., D.P.H., Deputy Medical Director, The Central Council for Health Education, spoke on "The Content of Health Education," and W. Emrys Davies on "The Programme — its Organisation and Method."

In spite of bad weather the meetings were very well attended by the staff of this Authority and by Education and Health Department staffs from the surrounding Counties, who had been invited to participate.

DOMESTIC HELP SERVICE

(Section 29)

As stated previously the organisation and administration of the Domestic Help Service was originally undertaken by the Women's Voluntary Services on an agency basis, all expenses incurred by the Service being re-imbursed by the Local Health Authority. Following a review of the service in the autumn of 1952 the Authority decided to transfer the Organiser and the Service to the Department of the County Medical Officer of Health, and to maintain the service as far as possible by recruiting spare-time workers as opposed to full-time workers. This policy undoubtedly avoids a great deal of waste time in travelling on the part of the domestic help. It is therefore, more economical but requires the service to have domestic helps available in every town, village and hamlet.

Assistance provided by the Service is available to all types of cases mentioned in the Act but priority is given to maternity cases particularly those in which the confinement takes place at home.

No facilities exist for the training of domestic helps but the Organiser takes the opportunity of instructing all new recruits to the Service in their duties.

The number of cases where domestic help was provided during the year was as follows :—

(a) Maternity (including expectant mothers)	48
(b) Tuberculosis	4
(c) Others	67

MENTAL HEALTH (Section 51)

Administration

In order to discharge their duties in regard to Mental Health under the National Health Service Act, 1946, the Local Health Authority made arrangements for the work to be carried out through the General Health Services Sub-Committee of the Health Committee.

The County Medical Officer is responsible for the general direction of the Service and for the ascertainment of mental defects either in his capacity as County Medical Officer or as School Medical Officer. He is assisted by two Assistant Medical Officers (one part-time) who are Authorised Certifying Officers under the Mental Deficiency Acts and who devote part of their time to mental health work. The Deputy Clerk of the County Council acts as Petitioning Officer under the Mental Deficiency Acts. Other Officers concerned with mental health are :—

A Duly Authorised Officer, a former Relieving Officer of long standing, who undertakes duties pertaining to this post.

A Deputy Duly Authorised Officer (part-time), a former Public Assistance official.

A Female Mental Health Worker who has been employed by this Authority for many years. She continues to visit mental defectives in their own homes and to give home teaching in appropriate cases. This officer also acts as a Mental Deficiency Enquiry Officer.

There are no officers employed jointly with the Regional Hospital Board.

Cases are, however, referred by this Department to Consultant Psychiatric Out-Patient Clinics at Peterborough Memorial Hospital (staffed by Rauceby Mental Hospital, Sleaford) and at the County Hospital, Huntingdon (staffed by Fulbourn Mental Hospital, Cambridge). Reports are received from the Psychiatrists attending these Clinics.

The supervision of patients on trial from Mental Hospitals is done by the officers of this Authority when requested by the Mental Hospital concerned. They also undertake supervision of mental defectives on Licence from institutions.

No duties have been delegated to Voluntary Associations.

No arrangements have yet been initiated for the training of the staff.

Account of work undertaken in the community

At the time when the National Health Service Act, 1946, came into force agency arrangements were made with the National Association for Mental Health for the Care and After-Care of Neurotic and Psychotic cases under Section 51 of the Act to be undertaken through the Cambridge Regional Office of the Association. Since this arrangement lapsed, due to the closing of the Association's Cambridge office, this work has been carried out either by the Home Visitor, who is a trained mental nurse, or by the Duly Authorised Officer.

The care and after-care of mental defectives in their homes is exercised by the Home Teacher for Mental Defectives, who makes regular home visits and gives any necessary advice to the parents. She is also responsible for the completion of Progress reports required in connection with patients on Licence from Certified Institutions, and for similar reports in connection with the home circumstances of patients under Order and due for reconsideration by the Visitors. From time to time special visits are paid to mental defectives by Medical Officers concerned with this work.

As mentioned earlier in this report the Duly Authorised Officer and his Deputy are former Public Assistance officials and have knowledge and experience of the procedure for dealing with cases under the Lunacy and Mental Treatment Acts.

Cases of alleged mental illness come to the notice of the Duly Authorised Officer from various sources, but usually his informant is a general medical practitioner. It is the duty of the Duly Authorised Officer to investigate each case and where necessary to take appropriate action under the Lunacy or Mental Treatment Acts. Good relations exist between the medical practitioners and the Duly Authorised Officer and ready co-operation is available on the part of the Magistrates so that the service continues to work efficiently and smoothly.

The more obvious cases of mental defect are brought to the notice of this office by the Health Visitor before they reach school age. After admission to school, cases suspected to be

mentally sub-normal are referred to the office by Head Teachers. After full investigation by the School Medical Officer and his staff those children found to be mentally defective are reported to the Education Committee with the appropriate recommendations. Those cases found to be ineducable are reported to the Committee for Mental Deficiency purposes, which in turn decides on the action to be taken. It takes into consideration the condition of the patient's home circumstances and other available information. The majority of these cases are placed under Statutory Supervision, others placed under guardianship through the Guardianship Society (Hove) and in appropriate cases application is made to the Regional Hospital Board for admission to a Mental Deficiency Institution.

Those discovered to be educationally sub-normal, with the consent of the parents, are admitted to Special Schools whenever vacancies are available. The majority of these on leaving the Special School are reported to the Committee for Mental Deficiency purposes and placed under Voluntary or Statutory Supervision. Institutional Orders are, however, required in some cases. Similarly, educationally sub-normal pupils in attendance at ordinary schools are re-examined before leaving school and in appropriate cases are reported to the Committee for Mental Deficiency purposes and placed under Statutory Supervision. The work of the Department is greatly handicapped by the extreme shortage of institutional accommodation.

Where guardianship is considered to be the appropriate course, arrangements are made with the Guardianship Society (Hove) who actually place them with guardians and supervise them. At the end of 1952, 7 cases were so placed by the Guardianship Society and one was placed under guardianship locally within the County.

Supervision and training of mental defectives is carried out by the Home Teacher for Mental Defectives, who pays regular visits to patients, some at monthly and others at quarterly intervals. Where patients are considered to be likely to benefit from home tuition, weekly visits are made and training given in basket weaving, knitting, rug making, etc. Endeavours are made to find suitable posts for those capable of undertaking regular work.

Lunacy Acts and Mental Treatment Acts

Many of the cases referred to the Department suffer from senility in some degree and the co-operation of the Welfare Officer is obtained in dealing with these cases. A little assist-

ance from the Mental Health Worker and/or the provision of a Domestic Help was sufficient in a number of cases, in others it was necessary to arrange for the patient to be seen by a Psychiatrist at one of the Hospitals' Out-Patient Clinics.

Formal action taken by the Duly Authorised Officers during the year was as follows :—

Admitted to Hospital under Summary Reception Orders	...	...	21
Admitted to Hospital under Section 20	...	...	3

6 patients admitted under Reception Orders and the 3 patients admitted under Section 20, on the expiry of the period of the Order, remained in Hospitals as Voluntary patients. In addition, 17 male and 27 female patients were admitted as voluntary patients.

Mental Deficiency Acts, 1913-- 38

The total number reported under the Mental Deficiency Acts during the year was 33, of which 22 were males and 11 females. A recommendation for statutory supervision was made in 29 cases while certification and admission to an institution was arranged in the remaining four cases (1 male and 3 females). In addition, 3 males ascertained in previous years and under statutory supervision were also certified and admitted to institutions.

The number of cases awaiting admission continues to increase and by the end of the year there were 13 males and 7 females on the waiting list. The ever lengthening list of mental defectives awaiting admission to an institution is a matter of some concern for the presence of such low-grade defectives in the home has undoubtedly adverse effects on both the parents and the other children. So long as the shortage of accommodation in suitable institutions remains, there is little prospect of improvement.

The number of home visits made during the year by the Mental Health Worker for the purpose of supervision of mental defectives was as follows :—

To cases under Statutory Supervision	...	926
To cases on Licence	...	52

In addition, 11 male and 7 female mental defectives received training in their homes. The arrangements, whereby four mental defectives under guardianship of nominees of the Guardianship Society attend Occupation Centres, remain unchanged.

1. Particulars of cases reported during 1952

- (a) Cases at 31st December ascertained to be defectives "subject to be dealt with".
Action taken on reports by—

- (i) Local Education Authorities on children
 (1) While at school or liable to attend school
 (2) On leaving special schools
 (3) On leaving ordinary schools
 (ii) Police or by Courts
 (iii) Other sources

- (b) Cases reported but not regarded at 31st December as defectives "subject to be dealt with" on any ground

- (c) Cases reported but not confirmed as defectives by 31st December and thus excluded from (a) or (b)

Total number of cases reported during the year ..

During 1952			
Under age 16		Aged 16 and over	
M	F	M	F
5	1	—	—
—	—	—	—
8	1	3	2
—	—	1	—
2	2	2	4
—	—	—	—
1	1	—	—
—	—	—	—
16	5	6	6

2. Disposal of cases

- (a) Of the cases ascertained to be defectives "subject to be dealt with" number—

- (i) Placed under Statutory Supervision ..
 (ii) Placed under Guardianship ..
 (iii) Taken to "Places of Safety" ..
 (iv) Admitted to Institutions ..

- (b) Of the cases not ascertained to be defectives "subject to be dealt with" number—

- (i) Placed under Voluntary Supervision ..
 (ii) Action unnecessary ..

Total of item 2 ..

During 1952				Total cases on Authority's Reg. as at 1.1. 1953			
Under age 16		Aged 16 and over		Under Age 16		Aged 16 and over	
M	F	M	F	M	F	M	F
15	4	5	3	26	9	27	24
—	—	—	—	—	—	2	6
—	—	—	—	—	—	—	—
—	—	1	3	9	2	23	24
—	—	—	—	—	—	3	1
—	—	—	—	—	—	—	—
15	4	6	6	35	11	55	55

3. Classification of defectives in the Community on 1.1.53—

(a) Cases included in item 2 (a) (i) to (iii) above in need of institutional care:—

(1) In urgent need of institutional care:—

(i) "Cot and chair" cases	..	..	1	1	—	—
(ii) Ambulant low grade cases	..	..	4	1	1	1
(iii) Medium grade cases	..	..	2	—	1	1
(iv) High grade cases	..	..	—	—	—	—

(2) Not in urgent need of institutional care:—

(i) "Cot and chair" cases	..	..	1	—	—	—
(ii) Ambulant low grade cases	..	..	1	—	—	1
(iii) Medium grade cases	..	..	2	1	—	1
(iv) High grade cases	..	..	—	—	—	—

Total of item 3 (a)

(b) Of the cases included in items 2 (a) (i) and (ii) and 2 (b) (i) above, number suitable for:—

(i) Occupation centre	..	..	..	—	1	8	7
(ii) Industrial centre	..	..	..	3	1	2	3
(iii) Home training	..	..	..	8	4	2	4

Total of item 3 (b)

(c) Of the cases included in item 3 (b) number receiving training on 1.1.53:—

(i) in Occupation centre	..	..	..	—	—	—	4
(ii) in Industrial centre	..	..	..	—	—	—	—
(iii) at home	..	..	..	8	3	3	4

Total of item 3 (c)

Total cases on Authority's registers as at 1.1.1953			
Under age 16		Aged 16 and over	
M	F	M	F
11	3	2	4
11	6	12	14
8	3	3	8

4. Number of Mental Defectives who were in Institutions, under Community Care (including Voluntary Supervision) or in "Places of Safety" on 1st January, 1952, who have ceased to be under any of these forms of care during 1952.

	Males	Females	Total
(a) Ceased to be under care ..	1	—	1
(b) Died, removed from area, or lost sight of ..	—	1	1
TOTAL ..	1	1	2

5. Of the total number of mental defectives under Supervision or Guardianship or no longer under care

(a) Number who have given birth to children while unmarried during 1952

Nil

(b) Number who have married during 1952 ..

Males Females
— —

INFECTIOUS DISEASES

The incidence of infectious diseases during the year was comparatively light, the main feature being a sharp epidemic of Measles in the northern part of the County occurring in the second half of the year. This disease accounted for approximately 70 per cent. of the total number of notifications of infectious disease received.

There were 216 cases of Whooping Cough notified compared with 312 in the previous year. The cases were evenly distributed throughout the County.

In the extreme north and south of the County there were small outbreaks of Scarlet Fever, but elsewhere only sporadic cases occurred.

Notifications were received of 2 cases of Poliomyelitis, both in respect of children aged three years.

It is gratifying to report that for the fifth consecutive year no case of Diphtheria has occurred in the County.

INFECTIOUS DISEASES NOTIFIED IN HUNTINGDON COUNTY

for the year ended 31st December, 1952

District	Smallpox	Cerebro-Spinal Fever	Whooping Cough	Diphtheria	Erysipelas	Scarlet Fever	Typhoid and Paratyphoid	Puerperal Pyrexia	Encephalitis Lethargica	Ophthalmia Neonatorum	Pneumonia	Chicken Pox	Measles	Acute Poliomylitis	Total
URBAN—															45
Godmanchester	—	—	2	—	4	—	—	—	—	—	4	36	10	—	56
Huntingdon	—	—	1	—	2	6	—	—	—	—	5	21	4	—	39
Old Fletton	—	—	47	—	1	10	—	—	—	—	—	—	285	—	343
Ramsey	—	—	11	—	—	—	—	—	—	—	12	—	176	—	199
St. Neots	—	—	27	—	—	5	—	1	—	—	11	—	—	—	41
St. Ives	—	—	27	—	—	—	—	—	—	—	—	—	2	—	29
RURAL—															
Huntingdon	—	—	44	—	—	2	—	2	—	—	2	34	72	1	157
Norman Cross	—	—	15	—	—	4	—	—	—	—	4	—	93	1	117
St. Ives	—	—	23	—	3	—	—	—	—	—	5	—	10	—	41
St. Neots	—	—	19	—	—	12	—	5	—	—	2	—	8	—	46
Total	—	—	216	—	10	39	—	8	—	—	45	91	660	2	1071

VENEREAL DISEASES

Abstract relating to Huntingdonshire patients treated at the Venereal Diseases Treatment Centre

	Cambridge		Peterboro'		Other Centres	
	1952	1951	1952	1951	1952	1951
Number of persons dealt with for the first time and found to be suffering from—						
Syphilis	1	4	—	2	—	—
Gonorrhoea	3	—	9	2	1	—
Conditions other than Venereal ..	12	9	21	19	1	—
TOTAL ..	16	13	30	23	2	—

Housing

The figures given in the Table below have been obtained from the District Medical Officers of Health and show both the number of new houses erected and also the number of new dwellings provided by adaptation during 1952.

Sanitary District	New houses by		By Adaptation	
	Local Authority	Private Enterprise	Local Authority	Private Enterprise
URBAN DISTRICTS—				
Huntingdon Borough ..	4	4	—	—
St. Ives Borough ..	18	1	—	—
Godmanchester Borough ..	—	3	—	—
Old Fletton ..	39	9	—	—
Ramsey ..	20	8	—	—
St. Neots ..	53	14	—	—
RURAL DISTRICTS—				
Huntingdon ..	22	3	3	1
Norman Cross ..	6	5	—	—
St. Ives ..	56	26	—	—
St. Neots ..	29	10	—	1
TOTALS ..	247	83	3	2

INSPECTION AND SUPERVISION OF FOOD

The following is a summary of that part of the work under the Food and Drugs Act, 1938, undertaken by the Weights and Measures Department.

410 samples were taken during the year, an increase of 35 on the figures for 1951.

260 of these samples were submitted to the Public Analyst and 150 dealt with in the office laboratory.

Standards for foodstuffs are prescribed by the Food & Drugs Act, 1938, e.g. milk and spirits; and by Orders made by the Minister of Food. Among the latter may be mentioned Self Raising Flour, Baking Powder, Shredded Suet, Mustard, Jam; Salad Cream, Table Jelly, Tomato Ketchup, Fish Cakes, Ice Cream, Fish and Meat Pastes, Coffee Mixtures and Alcoholic and Soft Drinks.

Most other pre-packed articles of food are required to bear a label stating the ingredients of which they are composed.

The main object of sampling is to ascertain if the foodstuffs comply with these standards, if the statements on the labels are true and if there is any deleterious matter or prohibited preservative therein.

Milk

267 samples were obtained during the year, 140 of which were tested in the office laboratory. The practice of testing milk without submitting it to the Public Analyst is both useful and economical. Quick results are obtained so that "follow-up" samples can be taken the next day and the Analyst's fee saved on each sample so tested.

Tests for fat and solids-not-fat only are made.

Of the 267 samples taken, 25 were not genuine by reason of the addition of water or deficiency in fat. These figures are an improvement on those for 1951, when there were 29 inferior samples out of a total of 259 obtained. 7 of the inferior samples were obtained from a single producer and were in some cases duplicates.

25 samples contained less than the prescribed minimum of 3 per cent. of fat, 120 contained between 3 and 3.5 per cent. and 113 more than 3.5 per cent. 9 samples of Channel Islands milk contained more than 4 per cent. of milk fat.

A small number of samples were slightly deficient in solids-not-fat, but the Freezing Test indicated that this was natural to the cows, and there was no evidence of added water.

Added water was found in milk delivered by a producer to the Milk Marketing Board. After taking other samples in duplicate it was evident that the adulteration was done by an employee of the producer. It was, however, not possible to obtain sufficient evidence to justify a prosecution. The adulteration ceased after enquiries had been made; and the producers were cautioned.

A sample from a producer-retailer was found to be deficient in fat to the extent of 13 per cent. "Appeal to Cow" samples showed that his cows produced milk up to standard. He was therefore prosecuted and ordered to pay £3-3-0 costs.

In other cases of slight deficiencies in fat, "Appeal to Cow" samples were taken and found to contain less than 3 per cent. of milk fat. No further action was taken in these cases beyond calling in the milk advisory officer to advise the producer.

The greater part of the milk consumed in the County is now sold by those concerns who collect it from the producer and later pasteurise, bottle and distribute it. This milk is of average quality, its fat content being consistently between 3.4 and 3.8 per cent. and the solids-not-fat over 8.5 per cent. during the whole of the year.

The producer-retailer is becoming rare, except in the more rural districts.

Miscellaneous Foodstuffs

143 samples of Food in common use, or which appeared to call for investigation by reason of the statement given on the label, were purchased and 5 only were found to be unsatisfactory.

Samples of Ham Loaf and Crystallised Fruit bore labels which were considered to be misleading. They were both imported. On undertaking to call in all remaining stocks from retailers and to comply with the requirements of the law in future, the importers were only cautioned.

Chopped Bacon and Arrowroot contained a small percentage of added starch. These matters were dealt with by cautions.

Sausages.—23 samples were taken, and all were certified by the Public Analyst to be "Genuine," and therefore contained the necessary percentage of meat, i.e. 50 per cent. in the case of beef, and 65 per cent. in the case of pork.

Ice Cream.—All the 15 samples were Genuine and complied with the standards laid down by the Minister of Food.

During the year the prescribed minimum standard of 5 per cent. fat and $7\frac{1}{2}$ per cent. milk solids-not-fat were reduced by Order to 4 per cent. and 5 per cent. respectively. The minimum sugar content of 10 per cent. was not changed.

Prosecutions

In only one case was it found necessary to take legal proceedings — that against the producer-retailer who sold milk deficient in milk fat. He was convicted and ordered to pay £3-3-0 costs.

Details of samples taken are given in the following table.
Samples taken during year ended 31st December, 1952

FOOD AND DRUGS ACT, 1938

<i>Foodstuff</i>	<i>Total</i>	<i>Genuine</i>			<i>Not Genuine</i>		
		<i>Formal</i>	<i>Informal</i>	<i>Total</i>	<i>Formal</i>	<i>Informal</i>	<i>Total</i>
Milk ..	267	229	13	242	20	5	25
Sausages ..	23	22	1	23	—	—	—
Ice Cream ..	15	15	—	15	—	—	—
Self Raising Flour	2	2	—	2	—	—	—
Baking Powder ..	4	4	—	4	—	—	—
Ground Almonds	3	2	1	3	—	—	—
Vinegar ..	7	6	1	7	—	—	—
Chocolate Wafer	2	2	—	2	—	—	—
Jelly ..	4	4	—	4	—	—	—
Ham Loaf ..	1	—	—	—	—	1	1
Mincemeat ..	1	1	—	1	—	—	—
Soft Drinks ..	8	8	—	8	—	—	—
Jam ..	3	3	—	3	—	—	—
Butter ..	4	4	—	4	—	—	—
Shredded Suet ..	3	3	—	3	—	—	—
Almond Paste ..	3	3	—	3	—	—	—
Crystallised Fruit	1	—	—	—	—	1	1
Sodium Bicarbonate ..	2	2	—	2	—	—	—
Pickles ..	4	3	1	4	—	—	—
Custard Powder	1	1	—	1	—	—	—
Table Dessert ..	1	1	—	1	—	—	—
Meat and Fish Paste ..	3	3	—	3	—	—	—
Coffee and Chicory ..	4	3	1	4	—	—	—
Coffee	1	1	—	1	—	—	—
Chopped Bacon ..	2	—	—	—	1	1	2
Pepper & Pepper Compound ..	4	4	—	4	—	—	—
Arrowroot ..	2	1	—	1	1	—	1
Fish Cakes ..	2	2	—	2	—	—	—
Non-Brewed Condiment ..	1	1	—	1	—	—	—
Wines & Spirits..	14	5	9	14	—	—	—
Other Articles ..	18	10	8	18	—	—	—
Totals ..	410	345	35	380	22	8	30

Trade	Offence	Act and Section	Result
Dairyman	Selling milk not of the quality demanded.	Food & Drugs Act, 1938, Section 3.	Convicted. Ordered to pay £3-3-0 costs.

The following is a brief summary of the work undertaken under the Milk and Dairies Acts and the Food and Drugs Act by Captain W. K. Townson, M.R.C.V.S.:

Samples of milk have been taken from the Pasteurised and Tuberculin Tested Pasteurised Plants for Phosphatase and Methylene Blue Tests. These samples complied with the standard required by the Ministry of Food. An inspection of the Plant and thermometers used has been carried out.

Thirty-five bulk samples of milk have been taken for Biological Test. These samples were found to be free from Tubercle Bacilli with the exception of two which were reported to the Ministry of Agriculture and Fisheries.

One hundred and eight samples of milk, tuberculin tested, pasteurised and ungraded, have been collected from Schools throughout the County for bacteriological examination. The results of tests showed that the samples conformed to the standard required by the Ministry of Food except one which failed to pass the Methylene Blue Test.

Schools have been visited in connection with School meals and inspections carried out. Facilities have been found to be satisfactory, and no complaints have been received regarding meals cooked in Schools, or meals supplied in containers from other Schools. The detergents recommended by the Ministry of Food are used for the washing-up of school meals utensils, etc.

The usual inspection of Hotels, Cafes and Restaurants has been carried out in those parts of the County where the District Councils have delegated to the County Council the appropriate Sections of the Food and Drugs enactments. Conditions as to cleanliness, etc., have been found to be satisfactory. In many of these places hot water system has been installed, either electric or gas, and also washing facilities for staff are available.

An inspection of Food Stores, Food Shops, and premises registered for the sale and storage of Ice Cream, has been carried out, and four registrations have been granted during the year.

The Bye-Laws have been carried out with regard to the Wrapping, Handling and Sale of Food, on food stalls in the open market.

Home-killed Meat, Canned Meat and other Foods, as under-mentioned, have been found on inspection to be unfit for human consumption.

215	tins	Meat
112	„	Vegetables
850	„	Fruit
60	„	Fish
254	„	Milk (various kinds and sizes)
33	„	Soup
3	„	Marmalade
4	„	Jam
7	„	Ham
4	jars	Game
15	„	Pickles
3	„	Mincemeat
2	„	Marmalade
1	„	Boneless Chicken
1	„	Ham and Beef Paste
998	lbs.	Home-killed Meat
98	„	New Zealand Beef
61	„	Bacon
41	„	Sausages
28	„	Kippered Herrings
221	„	Dried Prunes
26	„	Butter and Cheese
3	„	Cake and Cheese
28½	„	Cheese
2	„	Sago
11	boxes	Cheese
1	box	Cheese Spread
2½	cwts.	Sugar Confectionery
24		Cakes
22	bottles, Jars and Packets of	sundry Foods

St. Ives Slaughter House

The number of animals killed at St. Ives Abattoir during the year was 6,425, of which 60 whole carcasses (weight 18,429 lbs.) were condemned as unfit for human food. The weight of the parts of carcasses and organs condemned was 16,700 lbs.

The following tables summarise the inspections and condemnations during the year:—

				<i>Cattle including Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>
Number killed	..	..	..	1240	68	3183	1934
Number inspected	..	..	..	1240	68	3183	1934

(All diseases except tuberculosis):

Whole carcasses condemned	..			8	2	7	24
Carcasses of which some part or organ was condemned	..			275	3	173	248
Percentage of the number inspected affected with disease other than tuberculosis	..	..		22.8%	7.4%	5.6%	18.5%

(Tuberculosis only):

Whole carcasses condemned	..			14	1	—	4
Carcasses of which some part or organ was condemned	..			139	—	—	40
Percentage of the number inspected affected with tuberculosis..				13.1%	1.4%	—	2.2%

Weights of Condemned Meat

			<i>Condemnations</i>			
	<i>Number killed</i>		<i>Number of Whole carcasses</i>	<i>Weight of whole carcasses lb.</i>	<i>Weight of Parts and Organs lb.</i>	<i>Total weight lb.</i>
Cattle	.. 1240		22	13617	12996	26613
Calves	.. 68		3	427	67	494
Sheep and Lambs	.. 3183		7	339	639	978
Pigs	.. 1934		28	4046	2998	7044
Total	.. 6425		60	18429	16700	35129

